



POB 801, Chesterfield, VA. 28332  
[www.chesterfieldcountyfair.org](http://www.chesterfieldcountyfair.org)

## LIABILITY WAIVER AND RELEASE FORM (MINOR CHILD)

**PLEASE READ THOROUGHLY UNDERSTAND BEFORE SIGNING.**

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_,"  
A minor child under the age of eighteen years, and I consent to his/her participation in volunteer activities at the Chesterfield County Fair (Fair), located at 10300 Courthouse Road, Chesterfield, VA 23832."

I understand and acknowledge that I am fully aware of and assume any/all risks (including but not limited to the risk of any serious bodily injury, property loss or damage) of said minor child's participation in volunteer activities at the Fair. I recognize my responsibility to ensure that said minor child participates only in those volunteer activities for which he/she has the required skills, qualifications, training and physical conditioning. I understand that Fair shall have no responsibility to pay for medical treatment and related costs if said minor child is injured."

I further understand that any minor under the age of 16 **must** remain with an adult over the age of 21. No person under the age of 18 is allowed to drive **any** motor vehicles (golf carts) while at the fairgrounds. Ages 18 and over must present a valid driver's license in order to do so, with permission from Fair management."

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding said minor child's use of the fairgrounds. To the fullest extent allowed by law, I agree to hold harmless and agree to indemnify Chesterfield County Fair, its officers, directors, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, who said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in Fair activities/volunteering, resulting from any cause whatsoever, and regardless of fault."

I am at least 18 years of age and have carefully read and freely signed this Liability Waiver and Release Form for aforementioned minor child. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the County of Chesterfield, VA and the laws of the Commonwealth of Virginia (excluding its conflict of laws principles).

\_\_\_\_\_  
**PRINTED NAME OF ADULT**

\_\_\_\_\_  
**SIGNATURE OF ADULT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CHESTERFIELD COUNTY FAIR REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

# YOUTH WAIVER FORM

## General Information:

Name of Minor: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

## Contact Information:

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact(s) other than parent:

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

## Necessary Medical Information:

Allergies: \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_

Activity Restrictions? \_\_\_No \_\_\_Yes If yes, please explain: \_\_\_\_\_

Does he/she take any medications needed to know? If yes, please detail: \_\_\_\_\_

**Medical Release:** In the event that I cannot be reached in an emergency during the time(s) my minor child is at the Chesterfield County Fairgrounds, I hereby give my permission to the EMT/physical/dentist selected by the Chesterfield County Fair management and medical personnel on-site to secure proper treatment, and/or order an injection, anesthesia, or surgery for said minor child, as deemed necessary."

**Liability Release:** Any/all activities in conjunction with the Chesterfield County fair is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the below signed parent/guardian/adult agree to assume and accept all risks and hazards inherent in fair activities. They also agree not to hold Fair, or the County of Chesterfield, its employees, volunteers, agents, Board of Directors, or officers liable for damages, losses or injuries to the person/property undersigned. The parents/guardians/adult understand that they are signing for the minor child listed on this form and the signature is for both a medical and liability release."

\_\_\_\_\_  
Parent/Guardian/Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chesterfield County Fair Representative

\_\_\_\_\_  
Date